

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246046		2. Page 1 of 1		3. Emergency Response Phone (800) 483 3718		4. Manifest Tracking Number 008037608 FLE				
		5. Generator's Name and Mailing Address Clean Harbors Lone Mountain LLC 2549 North New York Street Wichita, KS 67219 (316) 269-7400						Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name U.S. Bulk Transportation Inc		U.S. EPA ID Number PA927347515										
7. Transporter 2 Company Name		U.S. EPA ID Number										
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Warrick, IN 46780 Facility's Phone: (580) 857-3500		U.S. EPA ID Number OKD065438376										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No.	Type					
	X	1. NA3077, HAZARDOUS WASTE, SOLID, A.D.S., (FOO1, F003), 9, PG III				1	BT	EST 16	Y	F001	F002	1003
										F004	F005	
14. Special Handling Instructions and Additional Information 1. CH801502X08 EWS#171 TRFF 5/15 TRFF 4/11												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offero's Printed/Typed Name Jim Tyson						Signature <i>Jim Tyson</i>		Month 2		Day 15		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name						Signature		Month		Day Year	
	Transporter 2 Printed/Typed Name						Signature		Month		Day Year	
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____											
	Facility's Phone: _____											
	18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1. H132		2.		3.		4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name						Signature		Month		Day Year		

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5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 (316) 268-7400			Generator's Site Address (if different than mailing address) SAME										
6. Transporter 1 Company Name U.S. Bulk Transportation Inc			U.S. EPA ID Number Ind 987347515										
7. Transporter 2 Company Name			U.S. EPA ID Number										
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40365 S County Road 236 Wynoka, OK 73860			U.S. EPA ID Number OKD065438376										
Facility's Phone: (580) 697-3500													
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes						
			No.	Type									
	X	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	DT	EST 16	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">F001</td> <td style="width:33%;">F002</td> <td style="width:33%;">F003</td> </tr> <tr> <td>F004</td> <td>F005</td> <td></td> </tr> </table>	F001	F002	F003	F004	F005	
	F001	F002	F003										
	F004	F005											
	2.												
	3.												
	4.												
14. Special Handling Instructions and Additional Information 1. CH831502X05 ERG#171 TR# 386 TL# 4010													
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's/Offor's Printed/Typed Name Jim Tyson													
Signature <i>Jim Tyson</i>													
Month Day Year 2 2 15													
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____												
	17. Transporter Acknowledgment of Receipt of Materials												
	Transporter 1 Printed/Typed Name <i>Michael Smith</i>												
Signature <i>Michael Smith</i>													
Month Day Year 2 2 15													
Transporter 2 Printed/Typed Name													
Signature													
Month Day Year													
DESIGNATED FACILITY	18. Discrepancy												
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
	Manifest Reference Number: _____												
	18b. Alternate Facility (or Generator) U.S. EPA ID Number												
	Facility's Phone: _____												
18c. Signature of Alternate Facility (or Generator)													
Month Day Year													
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
1. H132		2.		3.		4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
Printed/Typed Name Cindy Bradford													
Signature <i>Cindy Bradford</i>													
Month Day Year 2 2 15													